

**Department of Mental Health Non-Competitive Grant Funding Opportunity
For One-Time Furnishings Assistance
To Licensed Independent Mental Health Community Residence Facilities**

**NOTICE OF FUNDING AVAILABILITY AND
REQUEST FOR APPLICATIONS**

The District of Columbia Department of Mental Health (DMH) hereby announces the availability of one-time grants to operators of licensed independent mental health community residence facilities (“IMHCRF”), who do not receive contract funding from DMH. DMH is offering operators up to one thousand five hundred dollars (\$1500.00) per facility, to be used for the purpose of buying needed furnishings or appliances for the facility which will benefit residents of the facility.

Criteria: Applicants must be a licensee of an independent Mental Health Community Residence.

A. AUTHORITY FOR THE GRANT

The Director of the District of Columbia Department of Mental Health (DMH) has the authority to make grants pursuant to the “Department of Mental Health Establishment Act of 2001”, D.C. Official Code § 7-1131, § 1131.04(3), D.C. Law 14-56. Grants are governed by Title 22A DCMR 44 titled “Mental Health Grants” published at 54 DC Register 011052 on November 16, 2007. Specifically, DMH is authorized to make grants for mental health services and mental health supports.

B. SUMMARY AND PURPOSE OF GRANT NOTICE

The purpose of this grant is to provide monetary assistance to all licensed independent mental health community residence facilities in good standing (who do not receive any contract funds from DMH) so that licensees/operators may purchase needed furnishings and/or appliances to be used for the benefit of mental health consumers who are residents of the facility and to improve the quality of life for these residents.

Grants will be made for up to the sum of one thousand five hundred dollars (\$1500.00) for each facility. All furniture and appliances shall be new or in excellent condition and shall be purchased from a reputable store or company. Applicants must submit an application describing how they will spend grant funds and the property address of the facility for which intended. Applicants must agree that items will be delivered to the address stated and used only in the MHCRF for which intended. Grantees must provide receipts for all items purchased within 30 days of receipt of the award.

C. BACKGROUND AND NEED

The grant awards are intended to benefit MHCRF operators and residents, to relieve some of the financial pressures on operators, and to enhance the quality of life, safety and living environment for residents of MHCRFs.

D. NOTIFICATION OF GRANT OPPORTUNITY

This grant is being made available to all licensed independent MHCRFs in the District of Columbia, which represents all service providers of MHCRFs in the District (except for those already receiving substantial contract funds from DMH). This is a non-competitive grant, since all currently licensed MHCRFs who apply are eligible to receive the same grant funds.

In addition to publication on the OPGS website, this Notice of Funding Availability and Request for Applications will be sent directly to all licensed independent MHCRFs in the District by first class mail to licensee's official address, or by confirmed e-mail or confirmed FAX.

D. ELIGIBILITY CRITERIA

In order to be eligible, the applicant must have a current license as a mental health community residence facility in the District. Applicant submit a timely application and must enter into a grant agreement with DMH requiring compliance with all District of Columbia laws and regulations governing Mental Health Grants (22A DCMR Chapter 44) and compliance with grant conditions.

E. AMOUNT OF TOTAL FUNDING AND GRANT AWARDS

DMH anticipates that the amount of total funding for the award period shall not exceed \$110,000.00 for the year ending September 30, 2010, to be divided among eligible applicants in the amount of not more than \$1500.00 per facility.

F. PAYMENTS TO GRANTEEES

Advance payments will be made to grantees upon selection to receive a Grant award and signing the required grant agreement.

G. GRANT EXPENDITURES

All grant funds received by grantees shall be used for the purpose of buying furnishings and/or appliances for the MHCRF for which application is made, including sales tax and the cost of delivery of said furnishings and appliances to the facility. Examples of acceptable purchases include: refrigerator, stove, couch, table and chairs, dressers.

H. GRANTEE REPORTING

Grantees shall submit copies of receipts for all purchases within 30 days of receipt of award, which show the date of purchase, item(s) purchased, name of store from which purchased.

I. APPLICATION REQUIREMENTS AND CONTENTS

This section covers instructions to ensure uniformity specific to the format and content of application submissions.

1. Format of Application and Deadline

Inquiries regarding this RFA should be directed to Ms. Laressa Poole, Project Director, Department of Mental Health, 64 New York Avenue, Northeast, 4th Floor, Washington D.C. 20002. Ms. Poole may be contacted at (202) 671-3107 or via e-mail address at laressa.poole@dc.gov.

A separate grant application must be submitted for each Mental Health Community Residence Facility, even where a person is the operator/licensee of several MHCRFs.

The deadline for submitting this application is August 20, 2010 at 5:00 pm.

**Application for DMH Non-Competitive Grant Funding Opportunity
For One-Time Furnishings Assistance up to \$1500.00
To Licensed Independent Mental Health Community Residence Facilities**

1. Name of applicant: _____

2. Name and address of licensee/operator:

3. Phone number, FAX number and e-mail address for licensee/operator:

4. License # and address for MHCRF for which application is made:

5. State name in which your MHCRF license is issued and to which grant check shall be made payable:

6. Identify each item you will purchase with grant monies received including name of item, brand and serial number if applicable, cost of item and applicable sales tax. Note: total cannot exceed \$1500.00.

	<u>Name of Item</u>	<u>Estimated Cost excluding Sales Tax</u>	<u>Sales Tax</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

DMH Non-Competitive Grant NOFA/RFA to IMHCRFs

Certification of Applicant:

I hereby certify to the following. I understand and agree that if I am awarded grant funds that I am required to use the grant funds for the purchase of furnishings and/or appliances as described above and that the furnishings or appliances must be delivered to and remain at the MHCRF facility for which I have made application. I understand that I should be in compliance with D.C. tax laws to receive grant funds. If for any reason I need to change the items to be purchased, I will inform DMH in writing and receive DMH approval prior to making the purchase.

I also understand that I am required to submit receipts to DMH within 30 days of receiving grant funds to verify that I have used grant funds as agreed to and authorized.

Further, I understand that DMH may inspect my facility to ensure that the items that I purchased with grant funds have been delivered to and remain at the facility for the benefit of MHCRF residents, and that if I fail to submit receipts or that if furniture and/or appliances are not located at the facility, that I may be required to return grant moneys to DMH, and that if I fail to do so, DMH may pursue legal action, and/or may refuse to renew my MHCRF license. DMH may inspect for grant compliance within 3 years of issuance of the grant award.

I further understand that DMH reserves the right to rescind this grant notice as necessary, that the RFA does not commit DMH to make awards and that DMH is not liable for any costs incurred by applicants in applying for grants.

I also understand that I must sign a grant agreement at the time of the award and comply with any additional legal requirements.

Print name.

Signature

Date